STATE OF THE PROPERTY OF THE P

APPLICATION FOR MINOR STOCK / BUSINESS REORGANIZATION

State Form 50078 (9-01)

INSTRUCTIONS:

Permit Number

Name of permit owner

Permit address (number and street, city, state, ZIP code)

- · Complete and sign the following form.
- Attach the requested information.
- · Attach a list of all permit numbers for which this applies.

This application may be used only when a minor stock transfer has occurred or the permit holder has changed their business organization. In order to qualify, the controlling interest of the corporation, LLC, LP or LLP may not change. A minor stock or business reorganization transfer does not require a public hearing.

A controlling interest is defined as: (1) for corporations having 100 or more shareholders, the beneficial ownership, or the direct or indirect power to direct the voting of no less than 10% of the voting shares of a corporation, or (2) for any corporation having fewer than 100 shareholders, the beneficial ownership, or the direct or indirect power to direct the voting of no less than 51% of the voting shares of the corporations outstanding voting shares.

STEP 1 GENERAL INFORMATION

Alternative mailing address if different from permit address (number and street, city, state, ZIP code) Telephone number Name of contact Telephone number		
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Name of contact Telephone number	nber 1	
STEP 2 CHANGE IN BUSINESS ORGANIZATION		
2a. Was doing business as: Check one: □ Corporation □ Limited Liability Company □ Partnership □ Limited Partnership □ Club	0000000	10110
☐ Limited Liability Partnership ☐ Proprietorship / Sole ownership	CORPORATIONS ONLY	
CLUB - Highest ranking officer and the financial secretary or treasurer CORPORATION - President, secretary, and all stockholders (list total shares authorized / issued and individual shares held and percent of shares issued) LIMITED LIABILITY COMPANY - All members LIMITED PARTNERSHIP / PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP - All partners PROPRIETORSHIP - Owner * Social Security numbers are required by federal child suport law.	Total shares authorized Total shares issued	
TITLE NAME AND HOME ADDRESS SOC. SEC. NO. & DATE OF BIRTH SH	SHARES HELD	%
SSN		
DOB		
SSN		
DOB SSN		
DOB		
SSN		
DOB		

Enclose an additional sheet if other individuals have an interest in this permit

2b. Was doing	g business as:								
Check one:	□ Corporation□ Limited Liability F	☐ Limited Liability Company Partnership ☐ Proprietor	☐ Partnership ship / Sole ownershi		ited Partnership	☐ Club	CORPORAT ONLY	CORPORATIONS ONLY	
Provide the inf	ormation for the indiv	riduals associated with your permit	as follows:				Total shares aut	thorized	
ū	•	the financial secretary or treasurer							
		ary, and all stockholders (list total share	es authorized / issued a	nd individ	dual shares held				
*	of shares issued)	All as a such a suc					-		
	ABILITY COMPANY - A	all members ERSHIP / LIMITED LIABILITY PARTNI	EBSUID All partners				Total shares issued		
	ORSHIP - Owner	ERSHIP / LIMITED LIABILITY PARTNI	EKSHIP - All partilers						
110111121	ortoriii owner								
* Social Se	curity numbers are red	juired by federal child suport law.							
TITLE		NAME AND HOME ADDRESS		SOC.	SEC. NO. & DAT	E OF BIRTH	SHARES HELD	%	
				SSN					
				DOB					
				SSN					
				DOB					
				SSN					
				DOB					
				SSN					
				DOB					
		STEP 3 QUALI	FICATIONS OF NE	w own	IERS				
Qualifications proprietor mu behalf of the 1. You m 2. You m 3. You m 4. You m 5. You m 6. You m 7. You m 8. 60% of	s under Indiana La ust investigate the corporation, partner ust be a citizen of the ust be a person of ust be 21 years of ust own the premisust not be a law errust not lease or be ust not have had a f stock is held by Ir	good moral character and good age or older. ses or have a bona fide lease for forcement officer. indebted in any way by a office n alcohol permit in Indiana be rediana residents of five years, o	The President or S If the corporation of the at all parties with a If repute in the control or the full term in we If or agent who ho evoked or denied or an affidavit or interest.	r partner inter in	ership and attestest in the permit of in which you reduce the permit is to be ewer or beer which the last 365 day do \$100,000 in the control of the control	est under pent t meet the q eside. e used. nolesaler lices.	alties of perjury ualifications.		
or partners, o	affirm under the pe or I as sole-proprie	, as (position) nalties of perjury that I have co tor, and that all new parties with qualifications may jeopardize th	nducted a bona fid an interest in this	de inves	stigation into the				
		STED 4 SICK	NATURE AND VERI	FICATIO	ON .				
☐ Attach minu	ites of meeting at chi	ch the ownership interest change v				or corporate	members.		
	Secretary of State In	· · · · · · · · · · · · · · · · · · ·		22.10 31			2000-20		
		perjury that the information in this	application is true an	d accura	ate.				
Signature of peri						Date	signed (month, day,	year)	